PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or $\underline{\underline{\mathcal{D}}}$ ocket Number

10723954

CLAIMS AS FILED - PART I								SMALL ENTITY			OTHER THAN		
_		······································	(Column 1)		(Column 2)		•	TYPE		OR	OR SMALL ENTIT		
TOTAL CLAIMS			45					RATE	FEE]	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			AT minus 20=		* 25			X\$ 9=		OR	X\$18=	450	
INC	DEPENDENT C	LAIMS	A mi	nus 3 =	*12			X43=		OR	X86=	1032	
ML	JLTIPLE DEPEN	NDENT CLAIM P	RESENT					+145=		OR	+290=		
* f	the difference	in column 1 is	less than ze	than zero, enter "0" in column 2				TOTAL		OR	TOTAL	2252	
CLAIMS AS AMENDED - PART II											OTHER	THAN	
		(Column 1)		(Colur		(Column 3)		SMALL	ENTITY	OR	SMALL	ENTITY	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIC PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
AME	Independent	*	Minus	***	CLAIM	=		X43=		OR	X86=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+145=		OR	+290=		
(1-)								TOTAL		OR	TOTAL ADDIT. FEE		
ADDIT. FEE													
		CLAIMS		HIGH	EST	(Coldinii o)	ı		ADDI-			ADDI-	
ENT B		REMAINING AFTER AMENDMENT		NUME PREVIC PAID I	USLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE	
AMENDMENT	Total	*	Minus	** .		=		X\$ 9=	9	OR	X\$18=		
\ME	Independent	*	Minus	***	···	=		X43=		OR	X86=		
	FIRST PRESE	ILTIPLE DEF	ENDENT	CLAIM		▎▐							
+145=										OR	+290=		
										OR ,	TOTAL ADDIT. FEE		
(Column 1) (Column 2) (Column 3)													
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	str.k		=		X\$ 9=		OR	; X\$18=		
ME	Independent	*	Minus	***		=		X43=		OR	X86=		
٩	FIRST PRESE	NTATION OF ML	ILTIPLE DEF	ENDENT (CLAIM		1			Un			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+290=		
**	f the "Highest Nu	mber Previously Pa	id For" IN THIS	S SPACE is	less than	n 20, enter "20."	Al	TOTAL DDIT. FEE		OR ,	TOTAL ADDIT. FEE		
		mber Previously Pa ber Previously Paid					r four	nd in the app	ropriate box	in col	umn 1.		